

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BN		4-03-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NN	778	5/31/01
RESPONSE FORMALITY REVIEW	TV	876	11/26/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1		3	
2		20	
3		31	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		260	
11		1	
12		2	
13		3	
14		4	
15		5	
16		246	
17		7	
18		8	
19		9	
20		0	
21		1	
22		272	
23		3	
24		4	
25		5	
26		6	
27		7	
28		8	
29		9	
30		280	
31		1	
32		2	
33		3	
34		254	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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149		199	
150		200	

If more than 150 claims or 10 actions  
staple additional sheet here

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DEPT  
MAIL